Approved for use through 7/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|  | EXTENSION O |  |  |
|--|-------------|--|--|
|  |             |  |  |
|  |             |  |  |
|  |             |  |  |
|  |             |  |  |
|  |             |  |  |

Docket Number (Optional) 12383/1

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | İ                                                             | Application Number           | 09/443,038             | Filed Novem            | ber 18, 1999       |         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------|------------------------------|------------------------|------------------------|--------------------|---------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                                                               | For Method and Sy<br>Network | ystem for Provid       | ling Local Informa     | ation Over a       |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | [                                                             | Art Unit 3624                | Examiner Ca            | mpen, Kelly Sca        | ggs                |         |  |
| identified                                                                                                                                                                                                                                                                                                                                                                                                                                                           | application.              | ;                                                             | 37 CFR 1.136(a) to e         |                        |                        |                    | :       |  |
| One month (37 CFR 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                               | .17(a)(1))                   |                        | \$                     |                    |         |  |
| ☐ Two months (37 CFR 1                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                               |                              |                        | 5                      | <b>B</b>           |         |  |
| ☐ Three months (37 CFR                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                               |                              |                        | S                      | \$ <u>950.00</u>   |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | nths (37 CFR                                                  |                              |                        | S                      | \$                 |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | ths (37 CFR 1                                                 |                              |                        | \$                     | \$                 |         |  |
| $\boxtimes$                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Applicant claims          | small entity st                                               | tatus. See 37 CFR 1          | .27. Therefore,        | , the fee amount s     | shown              |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | is reduced by one-half, and the resulting fee is: \$ 475.00 . |                              |                        |                        |                    |         |  |
| A check in the amount of the fee is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                               |                              |                        |                        |                    |         |  |
| Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                               |                              |                        |                        |                    |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | plication to a Dep        | osit Account                                                  | ,<br>,•                      |                        |                        |                    |         |  |
| <ul> <li>☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 11-0600.</li> <li>☐ I have enclosed a duplicate copy of this sheet.</li> <li>☐ applicant/inventor.</li> <li>☐ assignee of record of the entire interest. See 37 CFR 3.71</li> <li>☐ Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</li> <li>☐ attorney or agent of record. Registration Number</li> </ul> |                           |                                                               |                              |                        | GROUP 3600             | MAY 1 0 2          |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <del></del> -             | •                                                             | _                            |                        |                        | ဆွ                 | 904     |  |
| attorney or agent under 37 CFR 1.34(a).  Registration number if acting under 37 CFR 1.34(a). 34,687.                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                               |                              |                        |                        | Ö                  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NING: Informatio          | n on this forr                                                | m may become pub             | lic. Credit card       |                        | ould not be        |         |  |
| inclu                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ded on this form          | Provide cre                                                   | dit card information         |                        |                        | 30.                |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | May 4, 20                 | 04                                                            |                              |                        | i'M                    |                    |         |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                               |                              | •                      | Signature              |                    |         |  |
| 202-220-4255                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                               |                              |                        | Shawn W. O'Dowd        |                    |         |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Telephone N               | umber                                                         |                              |                        | Typed or printed name  |                    |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                                                               |                              |                        |                        |                    |         |  |
| NOTE: Signa                                                                                                                                                                                                                                                                                                                                                                                                                                                          | atures of all the invento | s or assignees of                                             | record of the entire interes | st or their representa | ative(s) are required. | Submit multiple fo | orms if |  |

In re Application of James McCrossin

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

more than one signature is required, see below.

forms are submitted.

05/06/2004 WABDELR1 00000100 110600 02 FC:2253 475.00 DA